

06-28-04

RCE/3763
zfw

Atty. Dkt. No. 047711-0221



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ronald J. Lebel et al.
Title: AMBULATORY MEDICAL APPARATUS WITH HAND HELD COMMUNICATION DEVICE
Appl. No.: 09/768,196
Appl. Filing Date: 1/22/2001
Examiner: Matthew F. Desanto
Art Unit: 3763

CERTIFICATE OF EXPRESS MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

EV 420554251 US June 25, 2004
(Express Mail Label Number) (Date of Deposit)

Jose Rambs
(Printed Name)

(Signature)

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. §1.114: (check items that apply)
 - a. Previously submitted:
☒ [X] Please enter and consider the amendment/reply previously filed on April 29, 2004.
☐ [] Please consider the Affidavit(s)/Declaration(s) previously filed on __ but not considered.

06/30/2004 CNGUYEN 00000051 500872 09768196

01 FC:1801 770.00 DA
02 FC:1252 420.00 DA

☐ Please consider the arguments in the Appeal Brief or Reply Brief under 37 C.F.R. § 1.116 previously filed on ____.

☐ Other ____.

b. Enclosed are:

☐ Amendment/Reply.

☐ Affidavit(s)/Declaration(s).

☐ Information Disclosure Statement.

☐ Form PTO-1449 with copies of ____ listed reference(s).

☐ Other .

Miscellaneous:

☐ Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of ____ months.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$770.00	= \$770.00
Total Claims:	23	- 23	= 0	x \$18.00	= \$0.00
Independents	1	- 3	= 0	x \$86.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$290.00	= \$0.00
CLAIMS FEE TOTAL:					= \$770.00

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$110.00	0	\$0.00
<input checked="" type="checkbox"/> Extension for response filed within the second month:	\$420.00		\$420.00
<input type="checkbox"/> Extension for response filed within the third month:	\$950.00		\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,480.00		\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,010.00		\$0.00
EXTENSION FEE SUBTOTAL:			\$420.00
EXTENSION FEE ALREADY PAID: -			\$0.00
EXTENSION FEE TOTAL			\$420.00
CLAIMS AND EXTENSION FEE TOTAL:			\$770.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):			\$0.00
<input type="checkbox"/> Suspension of action requested under 37 C.F.R. § 1.103(c)			\$0.00
TOTAL FEE:			\$1,190.00

[X] Please charge Deposit Account No. 50-0872 in the amount of \$1,190.00. A duplicate copy of this transmittal is enclosed.

[] A check in the amount of \$1,190.00 to cover the filing fee is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

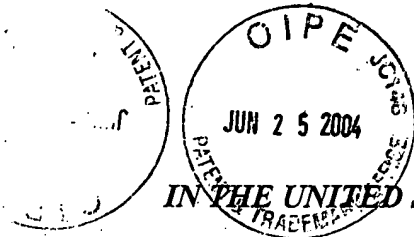
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Date: June 25, 2004
FOLEY & LARDNER LLP
Customer Number: 23392
Telephone: (310) 975-7963
Facsimile: (310) 557-8475

Respectfully submitted,

By: 

Ted R. Rittmaster
Attorney for Applicant
Registration No. 32,933



Atty. Dkt. No. 047711-0221

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ronald J. Lebel et al.

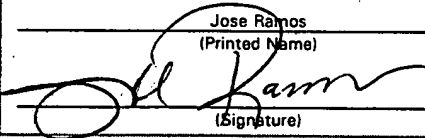
Title: AMBULATORY MEDICAL
APPARATUS WITH HAND
HELD COMMUNICATION
DEVICE

Appl. No.: 09/768,196

Filing Date: 1/22/2001

Examiner: Matthew F. Desanto

Art Unit: 3763

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EV 420554441 US (Express Mail Label Number)	April 29, 2004 (Date of Deposit)
Jose Ramos (Printed Name)	
 (Signature)	

AMENDMENT TRANSMITTAL

Mail Stop AF
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- ☐ Assertion of Small Entity status is enclosed.
- ☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	23	-	23	=	0	x	\$18.00	=	\$0.00
Independent Claims:	1	-	3	=	0	x	\$86.00	=	\$0.00
First presentation of any Multiple Dependent Claims: + \$290.00									\$0.00
CLAIMS FEE TOTAL									\$0.00

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

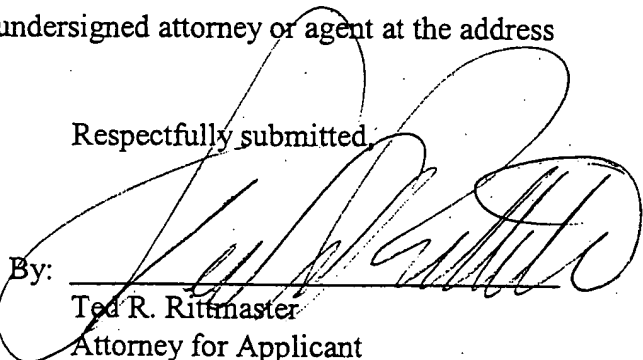
<input type="checkbox"/> Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$420.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$950.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,480.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,010.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$0.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$0.00

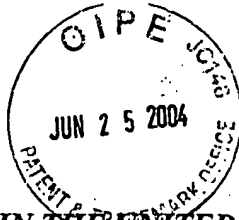
- ☐ Please charge Deposit Account No. 06-1447 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$0.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: April 29, 2004
 FOLEY & LARDNER LLP
 Customer Number: 23392
 Telephone: (310) 975-7963
 Facsimile: (310) 557-8475

By: 
 Ted R. Rittmaster
 Attorney for Applicant
 Registration No. 32,933



Atty. Dkt. No. 047711-0221

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ronald J. Lebel et al.

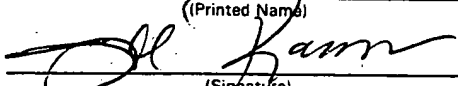
Title: AMBULATORY MEDICAL
APPARATUS WITH HAND
HELD COMMUNICATION
DEVICE

Appl. No.: 09/768,196

Filing Date: 1/22/2001

Examiner: Matthew F. Desanto

Art Unit: 3763

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EV 420554441 US	April 29, 2004
(Express Mail Label Number)	(Date of Deposit)
Jose Ramos (Printed Name)	
 (Signature)	

AMENDMENT AND REPLY UNDER 37 CFR 1.116

Mail Stop AF
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

This communication is responsive to the Final Office Action dated January 29, 2004, concerning the above-referenced patent application.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this document.

Remarks/Arguments begin on page 7 of this document.

Please amend the application as follows: